

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

NEIL C. SCOTT

Plaintiff(s),
v.
KKW TRUCKING, INC.

Defendant(s).

Civil Case No. 3:14-cv-00494

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Attorney ANTHONY R. PECORA requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) **PERSONAL DATA:**

Name: PECORA ANTHONY R.
(Last Name) (First Name) (MI) (Suffix)
Firm or Business Affiliation: OTOOLE MCLAUGHLIN DOOLEY & PECORA LPA
Mailing Address: 5455 DETROIT ROAD
City: SHEFFIELD VILLAGE State: OHIO Zip: 44054
Phone Number: 440.930.4001 Fax Number: 440.934.7208
Business E-mail Address: APECORA@OMDPLAW.COM

(2) BAR ADMISSIONS INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar ID number(s):

Ohio, November 9, 1998, 0069660

(b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

N.D. Ohio, May 7, 2008, 0069660

W.D. Tenn., July 6, 2011, 0069660

W.D. N.Y., February 21, 2012, 0069660

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

(a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or

(b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) REPRESENTATION STATEMENT:

I am representing the following party(s) in this case:

Neil C. Scott on behalf of himself and all others similarly situated

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 26 day of March, 2014



(Signature of Pro Hac Counsel)

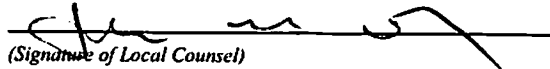
Anthony R. Pecora

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 28 day of March, 2014



(Signature of Local Counsel)

Name: Baxter Justin M.
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 992178

Firm or Business Affiliation: Baxter & Baxter, LLP

Mailing Address: 8835 SW Canyon Lane, Suite 130

City: Portland State: OR Zip: 97225

Phone Number: 503-297-9031 Business E-mail Address: justin@baxterlaw.com

COURT ACTION

- ☐ Application approved subject to payment of fees.
☐ Application denied.

DATED this _____ day of _____, _____

Judge